



APPLICATION FOR ADDITIONAL VISA PAGES OR MISCELLANEOUS SERVICES

OMB APPROVAL NO. 1405-0159
EXPIRATION DATE: 12-31-2013
ESTIMATED BURDEN: 20 MIN

Please Print Legibly Using Black Ink Only

Attention: Read WARNING on page 1 of instructions

Please select the 48 page option only if you prefer to add 48 visa pages in lieu of the standard 24 extra pages to your passport book. The larger book is appropriate for those who anticipate very frequent travel abroad during the passport validity period and is recommended for applicants who have required the addition of visa pages in the past. **NOTE:** If pages have been added to your passport book previously, we may not be able to accommodate your request.

48 Pages

VP1 VP2 DOTS Code _____

End. # _____ Exp. _____

1. Name as Listed on Passport: Last

DOE

First

JOHN

Middle

JAMES

2. Date of Birth (mm/dd/yyyy)

03 03 1973

3. Sex

M F

4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.)

MAINVILLE, MD

5. Social Security Number

111 11 1111

6. Email Address (e.g. my_email@domain.com)

GGGGGG@GGGG.COM

7. Primary Contact Phone Number

555 555 5555

8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.

1122 MAIN STREET

Address Line 2: **Clearly label** Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g. In Care Of - Jane Doe, Apt # 100)

JANE DOE

City

MAINVILLE

State

MD

Zip Code

20902

Country, if outside the United States

9. Current Passport Number

111111111

Issue date (mm/dd/yyyy)

03 03 2010

10. Permanent Address - Street/RFD # or URB (If Mailing Address is not residence - No P.O. Box) Apartment/Unit

1122 MAIN STREET

City

MAINVILLE

State

MD

Zip Code

20902

11. Additional Contact Phone Number

Home Cell
 Work

12. Occupation (if age 16 or older)

DOCTOR

13. Employer or School (if applicable)

HOSPITAL

14. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.

Name

JANE DOE

Address: Street/RFD # or P.O. Box

1122 MAIN STREET

Apartment/Unit

City

MAINVILLE

State

MD

Zip Code

20902

Phone Number

555-555-5555

Relationship

WIFE

15. Travel Plans

Date of Trip (mm/dd/yyyy)

03/03/2013

Duration of Trip

2 WEEKS

Countries to be visited

CHINA

YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on the reverse side of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) I have read and understood the warning on page one of the instructions to the application form.

x

Applicant's Signature - age 16 and older

Date

x

Parent's/Legal Guardian's Signature (if identifying minor)

FOR ISSUING OFFICE ONLY

Other:

Attached:

For Issuing Office Only → Visa Pg Fee _____ EF _____ Postage _____ Other _____



* DS 4085 B 12 2010 1 *